

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1174

1. PLACE OF DEATH

County

Jackson

Township

Raw

City

Kansas City

Registration District No.

399

Primary Registration District No.

1002

(No.)

633 Brooklyn Ave

File No.

Registered No.

212

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

55 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(or) WIFE OF

Alice M. Intyre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 1, 1848

7. AGE

YEARS

83

MONTHS

4

DAYS

18

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Retired (12 years)

Blacksmith

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Canada

FATHER

13. NAME

John M. Intyre

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Scotland

MOTHER

15. MAIDEN NAME

Catherine M. Neal

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Scotland

17. INFORMANT

(ADDRESS)

Mrs. T. E. Gant
633 Brooklyn Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Int. St. Marys

DATE

1-21

1932

19. UNDERTAKER

(ADDRESS)

10. H. Newcomer's Sons
2111 E. 9th St

20. FILED

1/19

1932

M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

January 19, 1932

22. I HEREBY CERTIFY That I attended deceased from

Jan 1, 1929 to Jan 19, 1932

I last saw him alive on Jan 19, 1932 Death is said

to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation

Date of onset

1929

Other contributory causes of importance

Name of operation

none

Date of

What test confirmed diagnosis?

Physical

Was there an autopsy?

no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

no

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

no

Nature of injury

no

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Clarence A. White, M. D.

(Address) 1424 Prospect Ridge

1424 Professional Bldg.

1-4:30